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THE ASSOCIATION OF ANTIDEPRESSANT AND STATIN USE TO FUTURE DEATH AND INCIDENT CARDIOVASCULAR DISEASE VARIES BY DEPRESSION SEVERITY

Poster Contributions

Poster Hall B1

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Background: Depression has been reported to be associated with a greater risk of death and cardiovascular disease (CVD); however, the impact of antidepressants (ADM) on CVD risk remains controversial. Statin use is known to decrease CVD risk. Whether the use of these medications together affects CVD risk remains to be studied.

Methods: Pts (N=26,828) who were administered the patient health questionnaire (PHQ-9) within a primary care setting (>85 clinics), >40 yrs of age, without prior CV disease, and had no prior ADM use were studied. Depressive symptom severity was categorized as none to mild (PHQ-9 score <14, n=21,517) and moderate to severe (PHQ-9 score >15, n=5311). Cox hazard regression was used to evaluate the association of no ADM and no statin use (n=23,104 [86.1%]), ADM and no statin use (n=877 [3.3%]), no ADM and statin use (n=2627 [9.8%]), and ADM and statin use (n=220 [0.8%]) with MACE (death, CAD, CVA).

Results: Pts averaged 56±12 years of age, and 58% were female. There were a total of 1182 (4.4%) MACE events. The association of ADM and statin use with MACE risk varied by depressive symptom severity. See Figure for multivariable hazard ratios and survival curves. Concomitant use of ADMs and statins did not appear to decrease risk (p-interaction=0.556).

Conclusion: Among a primary prevention cohort, ADM and statin use differed in their association with CVD risk reduction based on depression symptoms. The severity of depressive symptoms should be strongly considered in ADM use.

Figure. Association of statin and antidepressant (ADM) use to MACE stratified by depressive symptoms.

